



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 23, 2013	2013_193150_0027	O-000694- 13	Complaint

**Licensee/Titulaire de permis**

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE  
1750 Russell Road, OTTAWA, ON, K1G-5Z6

**Long-Term Care Home/Foyer de soins de longue durée**

THE PERLEY AND RIDEAU VETERANS' HEALTH CENTRE  
1750 RUSSELL ROAD, OTTAWA, ON, K1G-5Z6

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CAROLE BARIL (150)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 7, 2013**

**During the course of the inspection, the inspector(s) spoke with the Chief of Resident Care, Director of Community Outreach, Registered Nurse(RN), Registered Practical Nurse(RPN) Occupational Therapist, Personal Support Worker(PSW).**

**During the course of the inspection, the inspector(s) reviewed the resident's health records, the home's investigation follow-up incident report, CCAC's functional assessment.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services**

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan**

**Specifically failed to comply with the following:**

**s. 24. (4) The licensee shall ensure that the care set out in the care plan is based on an assessment of the resident and the needs and preferences of that resident and on the assessment, reassessments and information provided by the placement co-ordinator under section 44 of the Act. O. Reg. 79/10, s. 24 (4).**

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**Findings/Faits saillants :**



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1. The licensee has failed to comply with O.Reg 79/10, s.24 (4), in that the licensee did not ensure that the care set out in the plan of care is based on the assessments provided by the placement co-ordinator.

On June 7, 2013 - CCAC skin condition assessment indicated that the resident's #001 skin was very thin, bruises easily.

On June 19, 2013, on admission the resident #001 skin assessment indicates that the arm has a compression stocking, skin is discoloured below elbow , bruise on the wrist approx 3 cm in diameter, purple in colour with steristrip in place over small healing cut.

On October 7, 2013, the RN #S104 stated that the resident #001 was known to the home with previous respite admissions and was identified to be at high risk for skin integrity for bruising and fragile skin of both arms. The RN #S104 indicated that it was the first time that the compression stocking was required to be applied on the right arm.

On October 8, 2013, the PSW #S105 stated the resident #001 was a regular respite care resident. On June 21, 2013, the PSW #S105 applied the compression stocking on the resident's #001 right arm and observed that the lower part of the arm was already bruised and the resident's #001 skin was paper like in texture. The PSW #S105 stated that when pulling the compression stocking over the bruise, the bruise started to bleed and then called the RPN. The RPN assessed the arm and discontinued the application of compression stocking.

The resident's #001 plan of care did not include skin integrity risk or interventions. [s. 24. (4)]

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**Issued on this 23rd day of October, 2013**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**